

RECEIPT
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: JORGE A. MORANDO

Serial No.: 09/444,443

Examiner: Unknown

Filed: November 22, 1999

Art Unit: 3745

Title: HIGH VELOCITY PRESTRESSED SHAFT FOR DEGASSER OR
PUMPING APPLICATION IN MOLTEN METAL



CORRECTION OF FILING RECEIPT

Assistant Secretary and Commissioner
of Patents and Trademarks
Office of Initial Patent Examination's Customer Service Center
Washington, D.C. 20231

Sir:

Upon receiving the Official Filing Receipt for the above-identified patent application, it is noted that the title is incorrect as stated on the receipt. The correct title of the application is

**HIGH VELOCITY PRESTRESSED SHAFT FOR DEGASSER OR
PUMPING APPLICATION IN MOLTEN METAL**

Please correct the title of the application and provide a revised Filing Receipt.

If you have any questions, please contact the undersigned.

Respectfully submitted,

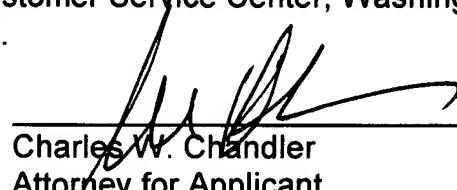
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Applicant: Jorge A. Morando
Serial No.: 09/444,443

CERTIFICATE UNDER 37 CFR 1.8 (a)

I hereby certify that the foregoing CORRECTION OF FILING RECEIPT is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Secretary and Commissioner of Patents and Trademarks, Office of Initial Patent Examination's Customer Service Center, Washington, D.C. 20231 on February 11, 2000.



Charles V.W. Chandler
Attorney for Applicant

FILING RECEIPT



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/444,443	11/22/99	3745	\$506.00	MJV-118-A	3	34	2

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) JORGE A. MORANDO, CADIZ, KY.

CONTINUING DATA AS CLAIMED BY APPLICANT-
THIS APPLN IS A CIP OF 09/130,937 08/07/98

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/30/99 ** SMALL ENTITY **
TITLE
HIGH VELOCITY PRESTRESSED SHAFT FOR DEGRASSER OR PUMPING APPLICATION
IN MOLTEN METAL

Degasser

PRELIMINARY CLASS: 415

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DATA ENTRY BY: GENTRY, CHRISTINE TEAM: 01 DATE: 12/30/99



(See reverse for new important information)

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Bib Data Sheet


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SERIAL NUMBER 09/444,443	FILING DATE 11/22/1999 RULE -	CLASS 415	GROUP ART UNIT 3745	ATTORNEY DOCKET NO. MJV-118-A
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APPLICANTS

JORGE A. MORANDO, CADIZ, KY ;

**** CONTINUING DATA *******

THIS APPLICATION IS A CIP OF 09/130,937 08/07/1998

**** FOREIGN APPLICATIONS *******
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** 12/30/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 3	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

HIGH VELOCITY PRESTRESSED SHAFT FOR DEGASSER OR PUMPING APPLICATION IN MOLTEN METAL

FILING FEE RECEIVED 506	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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